



## Patient Satisfaction Survey

*In our effort to continuously provide the highest quality of care, your opinion helps our clinic with its ongoing commitment to improve our services. Please take a few minutes to answer the following questions and return this brief survey to our front desk administrator. If you wish to discuss any concerns or comments you may have please feel free to call us to speak with our clinic director.*

- 1) Clinic Location: Bowie Catonsville Columbia Laurel Severna Park
- 2) Therapy received: Aquatic therapy Physical therapy
- 3) Name(s) of your primary Therapist(s) \_\_\_\_\_
- 4) Area(s) of injury \_\_\_\_\_
- 5) Approximate Number of visits \_\_\_\_\_
- 6) What influenced you to choose **Chesapeake Physical & Aquatic Therapy**?
  - a. Location\_\_\_\_\_
  - b. Insurance\_\_\_\_\_
  - c. Newspaper/ Website\_\_\_\_\_
  - d. Convenient Hours of Clinic\_\_\_\_\_
  - e. Staff/ Reputation\_\_\_\_\_
  - f. Recommendation of Doctor\_\_\_\_\_
  - g. Recommendation of a friend\_\_\_\_\_
  - h. Other \_\_\_\_\_

*The rating scale is based on a 1-5 scale, 1 being the lowest score and 5 the highest or best score.*

- 7) How available were your therapist's hours?  
Not at all    1    2    3    4    5    Very Available
- 8) How responsive was your therapist in addressing clinical issues?  
Not at all    1    2    3    4    5    Very Responsive
- 9) Did your therapist provide information in a way that is clear, concise, understandable, and useful?  
Not Clear    1    2    3    4    5    Very Clear
- 10) How helpful has therapy been in finding solutions to your problems?  
Not Helpful    1    2    3    4    5    Very Helpful
- 11) Do you feel that the staff at Chesapeake Physical and Aquatic Therapy demonstrated a consistent level of knowledge necessary to fulfill your requests?  
Not at all    1    2    3    4    5    Very Knowledgeable

12) How would you rate the competency of the clinical support staff?

Not at all    1    2    3    4    5    Very Competent

13) How would you rate the professionalism of the front desk?

Not Professional    1    2    3    4    5    Very Professional

14) Were you able to schedule your appointment(s) at a time(s) that was(were) convenient for you?

Not Convenient    1    2    3    4    5    Very Convenient

15) Did you feel that your time spent waiting to begin treatment was reasonable?

Not Reasonable    1    2    3    4    5    Very Reasonable

16) How would you rate the efficiency of the billing department?

Not at all    1    2    3    4    5    Very Efficient

17) Was the success of my therapy treatment program what I expected?

Less than Expected    1    2    3    4    5    More than I Expected

18) Would you recommend **Chesapeake Physical & Aquatic Therapy** to a friend?

Would not Recommend    1    2    3    4    5    Highly Recommend

19) What is your overall satisfaction level with Chesapeake Physical & Aquatic Therapy?

Not Satisfied    1    2    3    4    5    Very Satisfied

20) Please use the space below to comment on ways in which **Chesapeake Physical & Aquatic**

**Therapy** can serve you better, or let us know about any concerns or compliments you may have.

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*We thank you for choosing Chesapeake Physical and Aquatic Therapy as your rehabilitation provider.*